2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9900005950 1. Entity Name CHURCH OF THE NEW COVENANT INC. Principal Place of Business 3191 NEWMAN AVE NORTH CRESTVIEW FL 32529 2. Principal Place of Business 3191 NEWMAN AVE NORTH CRESTVIEW FL 32529 3. Mailing Address 3191 NEWMAN AVE NORTH, 3191 NEWMAN AVE Suite, Apt. #, etc. City & State CRESTVIEW FLORIDA 32530 CRESTVIEW, FLORIDA 32530 Zip Country 6. Name and Address of Current Registered Agent Name

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90160 044 ****61.25



2. Filliopal Flace of Business			.B	[8]	
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Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
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City & State City & State	מסבט אחדתה	4. FEI Number 9 59-360 8455	Not Applic		
CRESTVIEW, CLURIUM 32334			75 Additional		
Zip Country Zip C	Country		Required		
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6. Name and Address of Current Registered Agent	Name	7. Name and Address of New Registered Agent	<u> </u>		
	IVAINO				
WERENIAND CHARLES D.CD	Street Address (F	Street Address (P.O. Box Number is Not Acceptable)			
WHISNAND, CHARLES R SR					
2392 WHISNAND CIRCLE					
CRESTVIEW FL 32536	City	FL ²	Zip Code		
8. The above named entity submits this statement for the purpose of changing its register	tered office or register	ed agent, or both, in the state of Florida.			
SIGNATURE				_	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register	tered Agent signature required	when reinstating) DATE			
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FILE NOW: 9. Election Campaign Finan	ncing \$5.0	O May Be Make Check Paya	ible to		
FEE IS \$61.25 Trust Fund Contribution.		to Fees Department of S			
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10. OFFICERS AND DIRECTORS 1	1. /	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 10		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date Daytime Phone #